

05-10-01

PTO/SB/05 (11-00)

Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 051-0037

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. I-2-55.4US
First Inventor Schilling et al.
Title MULTICHANNEL CDMA SUBTRACTIVE INTERFERENCE CANCELER
Express Mail Label No. EL719434475US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **24**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **14**]
5. Oath or Declaration [Total Pages **3**]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: See Attached Schedule A

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: 09, 276.019

Prior application information:

Examiner A. Boakye

Group Art Unit: 2663

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

24374

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

VOLPE AND KOENIG, P.C. DEPT ICC

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Jeffrey M. Glabicki, Esquire

Registration No. (Attorney/Agent)

42,584

Signature

Jeffrey M. Glabicki

Date

5/9/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Schedule A

17. Other:

- Revocation of Power of Attorney and Power of Attorney;
- Associate Power of Attorney Not Accompanying Application.

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106050" 0475860

Volpe and Koenig, P.C. Revision of

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710.00)**Complete if Known**

Application Number	Not Yet Known
Filing Date	Not Yet Known
First Named Inventor	Schilling et al.
Examiner Name	Not Yet Known
Group Art Unit	Not Yet Known
Attorney Docket No.	I-2-55.4US

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **09-0435**
 Deposit Account Name **InterDigital Comm. Corp.**

- ☒
- Charge Any Deficiency or Credit any Overpayment in the Total Fees Associated with this Communication

☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:**

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710 201 355		Utility filing fee	710
106 320 206 160		Design filing fee	
107 490 207 245		Plant filing fee	
108 710 208 355		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$ 710.00)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid	
11	- 20	**0	x 18 = 0	
Independent Claims	3	- 3	**0	x 80 = 0
Multiple Dependent			270 = 0	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18 203 9		Claims in excess of 20
102 80 202 40		Independent claims in excess of 3
104 270 204 135		Multiple dependent claim, if not paid
109 80 209 40		** Reissue independent claims over original patent
110 18 210 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for <i>ex parte</i> reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 390 216 195		Extension for reply within second month	
117 890 217 445		Extension for reply within third month	
118 1,390 218 695		Extension for reply within fourth month	
128 1,890 228 945		Extension for reply within fifth month	
119 310 219 155		Notice of Appeal	
120 310 220 155		Filing a brief in support of an appeal	
121 270 221 135		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,240 241 620		Petition to revive - unintentional	
142 1,240 242 620		Utility issue fee (or reissue)	
143 440 243 220		Design issue fee	
144 600 244 300		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Processing fee under 37 CFR 1.17(q)	
126 180 126 180		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	
146 710 246 355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355		For each additional invention to be examined (37 CFR § 1.129(b))	
179 710 279 355		Request for Continued Examination (RCE)	
169 900 169 900		Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)**SUBMITTED BY**Name (Print/Type) **Jeffrey M. Glabicki, Esquire**Registration No. (Attorney/Agent) **42,584****Complete (if applicable)**Telephone **215-568-6400**Signature *Jeffrey M. Glabicki*Date **5/9/01****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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